Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN413AGC	A. BUILDING _____ B. WING _____	09/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA SUMMIT RIDGE	4880 SUMMIT RIDGE DR RENO, NV 89503

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual grading survey conducted in your facility on 9/9/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of A. The facility is licensed for 85 Residential Facility for Group beds for elderly and disabled persons, 63 Category I and 22 Category II residents. The census at the time of the survey was 62. Fifteen resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by:	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 Based on record review on 9/9/10, the facility failed to ensure 2 of 15 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #3 and #7). This was a repeat deficiency from the 9/3/09 State Licensure survey. Severity: 2 Scope: 1	Y 103		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 9/9/10, the facility failed to ensure 2 of 15 caregivers met background check requirements (Employee #11 and #15). Severity: 2 Scope: 1	Y 105		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is	Y 106		

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Y 106	Continued From page 2 currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on interview and record review on 9/9/10, the facility failed to ensure 2 of 15 employees had not completed training in first aid and cardiopulmonary resuscitation (Employee #12 and #14) and 1 of 15 employees had not completed training in first aid (Employee #15). Severity: 2 Scope: 1	Y 106		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Based on observation, interview and record	Y 255		

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Y 255	Continued From page 3 review on 9-9-10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1. Cleaning and Sanitation Issues: a. Two raw pork loins were observed thawing on the counter-top next to a food preparation sink. b. A food dispensing scoop was improperly stored in the flour container. c. The ice scoop storage container was dirty. d. The dishwasher facilities were heavily soiled with food debris and grime on top of the dishwasher and table junctures with the wall. e. Multiple kitchen cutting boards were stained from over use especially on the service-line board. f. The kitchen can opener was excessively soiled with food debris and metal shavings. g. The following non-food contact surfaces were soiled: kitchen microwave, Univex Mixer, Kitchen Aid Mixer, cook's line under-counter reach-in refrigerator, and the dual door reach-in refrigerator fan. h. The outside area around the garbage containers was excessively dirty especially around outside equipment. i. The kitchen floors under the cook's line equipment, dishwasher, and reach-in ice cream freezer were soiled.	Y 255		

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Y 255	Continued From page 4 j. A mop was improperly stored in the janitor's closet. Severity: 2 Scope: 3	Y 255		